

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name

City of San Jose

Division, Department, or Region (If Applicable)

Parks, Recreation and Neighborhood Services

Designated Agency Contact (Name, Title)

Teresa Meyer-Calvert, Staff Specialist

Area Code/Phone Number

408-793-4186

E-mail

teresa.meyer-calvert@sanjoseca.gov

Date Stamp
2016 MAY 11 PM 4:31

California Form 802

For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ 222.00

Event Description Sharks Game (NHL Hockey)
Provide Title/Explanation

Date(s) 03 / 22 / 16

Ticket(s)/Pass(es) provided by agency? Yes No

If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Parks, Recreation and Neighborhood Services	22	Recognition for a collaborative or "TEAM" effort within the Parks Division.
B. Name of Individual (Last, First)		
Identify one of the following:		
See Attached List of Recipients		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)		
Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Teresa Meyer-Calvert Staff Specialist 5-9-16
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____

3. Recipients

(Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.)

1	Athena Trede
2	Sarah Sanchez
3	Troy Trede
4	Andre Morrow
5	Patricia Rivera
6	Randy Adams
7	Jeff Gomez
8	Tony Daly
9	Lynda De Santiago
10	Duane Lindsay
11	Hugo Romo
12	Jena Sorrells
13	Joe Borja
14	Joe Guerrero
15	Danilo Carrasco
16	Brandon Casper
17	Nicolle Burnham
18	Alex Pearson
19	Steve Hammack
20	Teresa Meyer-Calvert
21	Gina Aning
22	Jaime Ruiz